2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P99000043361** 07 00T 17 PH 12: 44 1. Entity Name ROQUE REALTY GROUP, INC. LONG THAT OF STATE ALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 1228 NE 89 ST 1228 NE 89 ST MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 101 REINSTATEMENT 98 (1/07) Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0918158 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROQUE, SERGIO JR. **883 NE 89 STREET** Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33138 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent-SIGNATURE. Signature, typed or NOTE: Registered Agent alo FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ROQUE, SERGIO JR. NAME NAME **883 NE 89 STREET** STREET ADDRESS STREET ADDRESS MIAMI, FL 33138 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition ☐ Change STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME